

| Debtor 1 Roberta Alford Debtor 2 (Stooke, Iffilian) United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA Case number 18-11789-elf (Iffilian) Official Form 106l MI/DDYYYY 12/15 Schedule I: Your Income AMENDED Bas a complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question linformation. If you have more than one job, attach a separate page with information about additional employeest. Include part-lifine, seasonal, or self-amployed work. Occupation may include student or homemaker, if it applies. Employer's address Cocupation may include student or homemaker, if it applies. Employer's address Employer's address Silication and the special substance of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse wite soon are separated. List monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse witess you are separated. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A \$ N/A \$ 0.00 \$ N/A \$ N/A \$ 0.00 \$ | Fill | in this information to identify your ca | ase: | | | | | | | | |
|---|-----------------------------------|--|--|---|-------------------------------|-----------------|--------------------------------------|---------------------------|------------------------------|-----------------|--|
| United States Bankruptoy Court for the: EASTERN DISTRICT OF PENNSYLVANIA Case number (It hown) 18-11789-elf | | | | | | | | | | | |
| Case number 18-11789-elf Check if this is: An amended filling A supplement showing postpetition chapter 13 income as of the following date: MM / DD/YYYY Official Form 106 Schedule : Your Income AMENDED MM / DD/YYYY | 1 - | | | | | _ | | | | | |
| Official Form 106I Schedule I: Your Income AMENDED 12/15 Be as complete and accurate as possible. If two married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If you are separated sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part I: Describe Employment 1. Fill in your employment information. If you have more than one job, altach a separate page with information about your spouse. Employed Debtor 2 or non-filing spouse Employed Debtor 2 or non-filing spouse Debtor 3 Describe Employed Des | Uni | ted States Bankruptcy Court for the | EASTERN DISTRICT | OF PENNSYLVANIA | | _ | | | | | |
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| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Cocupation Cocu | suppos spor attac | olying correct information. If you use. If you are separated and you ch a separate sheet to this form. (| are married and not filir r spouse is not filing wi | ng jointly, and your s th you, do not includ | spouse i de inforr | s livi natio | ng with you, incl n about your sp | ude inform ouse. If mo | ation about re space is i | your needed, | |
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| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A | - | | | ombine the information | n for all e | mplo | yers for that perso | on on the lin | nes below. If y | ou need | |
| 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ | | | | | | | For Debtor 1 | | | | |
| | 2. | | | | 2. | \$_ | 0.00 | \$ | N/A | | |
| 4. Calculate gross Income. Add line 2 + line 3. 4. \$ \$ \$ \\ \ \ \ \ \ \ \ | 3. | Estimate and list monthly overti | me pay. | | 3. | +\$_ | 0.00 | +\$ | N/A | | |
| | 4. | Calculate gross Income. Add lin | e 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | | |

Official Form 106I Schedule I: Your Income page 1

| Debto | or 1 | Roberta Alford | | Case r | number (if known) | 18-11 | 789-elf | | | |
|-------|---|---|------------|-----------|-------------------|-------|------------------------|----------------|-----------------|--|
| | Cop | y line 4 here | 4. | For | Debtor 1 | | Debtor 2 filing spo | | | |
| | · | | | · — | | · — | | | - | |
| | | all payroll deductions: | - - | œ. | 2.22 | Φ. | | | | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | \$_ \$ | 0.00 | \$ | | N/A N/A | - | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$— | 0.00 | \$ | | N/A | - | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | | N/A | _ | |
| | 5e. | Insurance | 5e. | \$_ | 0.00 | \$ | | N/A | - | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | | N/A | - | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | | N/A | - | |
| | 5h. | Other deductions. Specify: | _ 5h.+ | \$ | 0.00 | + \$ | | N/A | - | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | | N/A | - | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | | N/A | - | |
| | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | \$ | 2,099.00 | \$ | | N/A | _ | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | | N/A | - | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | | N/A | - | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | | N/A | | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | | N/A | - | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | | N/A | | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | | N/A | = | |
| | 8h. | Other monthly income. Specify: 2017 tax refund 3838/ 12 months | 8h.+ | \$ | 320.00 | + \$ | | N/A | - | |
| | | SS Income | _ | \$ | 2,166.00 | \$ | | N/A | - - | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 4,585.00 | \$ | | N/A | A | |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. \$ | | 4,585.00 + \$ | | N/A = | \$ | 4,585.00 | |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | 1 4 | | 14/4 | | 4,505.00 | |
| | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | | |
| | | I the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | 12. | | 4,585.00 | |
| 13. | Do y ✔ | you expect an increase or decrease within the year after you file this form? No. Yes. Explain: | ? | | | | | ombir onthl | ned y income | |

Official Form 106I Schedule I: Your Income page 2